STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	\$
2	\$
3	\$
4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

NOT APPLICABLE

TN No. 92-00/5		_			
Supersedes	Approval Date	7-29-92	Effective Date	4/1/92	
TN No. 91-0031					
			HCFA ID:	7985E	

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Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

- 1. NON-SECTION 1902(f) STATES
- a. Based on the following percent of the official Federal income poverty level:

Eff. August 9, 1989:

85 percent (no more than 100)

Eff. January 1, 1991: 100 percent

Eff. January 2, 1992: 100 percent

b. Levels:

Family Size	Income Levels		
<u>1</u>	\$686.67		
2	\$ 921.67		

TN NO. 99-009 Supersedes TN NO. 98-009 Approval Date SFP 0 0 1999

Effective Date 4/1/99 HCFA ID: 7985E

Ker	AUGUST 1991	Page 7 OMB No.: 0938-
	STATE PLAN UNDER TITLE XIX	OF THE SOCIAL SECURITY ACT
	State: Wisconsin	
	INCOME ELIGIBILITY	LEVELS (Continued)
c.	QUALIFIED MEDICARE BENEFICIARIES WILLIAM	TH INCOMES RELATED TO FEDERAL POVERTY
2.	SECTION 1902(f) STATES WHICH AS OF . MORE RESTRICTIVE THAN SSI	JANUARY 1, 1989 USED INCOME STANDARDS
a.	Based on the following percent of the level:	he official Federal income poverty
	Eff. Jan. 1, 1989: /_/ 80 percent	percent (no more than 100)
	Eff. Jan. 1, 1990: /_/ 85 percent	/_/ percent (no more than 100)
	Eff. Jan. 1, 1991: // 95 percent	percent (no more than 100)
	Eff. Jan. 1, 1992: 100 percent	
٥.	Levels: Family Size	Income Levels
		\$ \$
	NOT APPLICABLE	·
upe		9 1692 Effective Date 10/1/91
TRY N	Ta 11521. 1	

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

			.			
D.	MEDICALLY	Y NEEDY				
	X	Applicable to all groups		Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.		
	(1)	(2)	(3)	(4)	(5)	
	Family size	Net income level protected for maintenance for 12 months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007	Net income level for persons living in rural area for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007	
		☐ urban only ☑ urban & rural				
1		\$ 7100.04				
2		\$ 7100.04				
3		\$ 8271.96				
4		\$ 9872.04				
5		\$ 11328.00				
6		\$ 12255.96				
7		\$ 13263.96				
8		\$ 14064.00				
9		\$ 14720.04				
10		\$ 15087.96	-	_		
	each tional	4200 04				

person, add: \$320.04

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds hese limits.

TN No. 00-004 Supersedes TN No. 99-010 Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

_(1)		(2)	(3)	(4)	(5)
Family		income level	Amount by which	Net income level	Amount by which
Size		otected for	Column (2)	for persons	Column (4)
	mai	ntenance for	exceeds limits	living in	exceeds limits
		12 months	specified in	rural areas for	specified in
,			42 CFR	months	42 CFR
_/	urb	an only	435.1007 ¹ /	•	$435.1007^{1/2}$
<u> </u>	urb	an & rural			
5	\$	11,328.00	\$	\$	<u> </u>
. 6	\$	12,255.96	\$	S	\$
7		13,263.96	s	\$	\$
		14,064.00			
8	\$	14,004.00	\$	\$	\$
9	\$	14,720.04	\$	\$	<u> </u>
10	\$	15,087.96	\$	\$	\$\$
For each additional person, add:	1 S	320.04	s	\$	•

 $^{^{1\}prime}$ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-0031 Supersedes TN No. 91-0005	Approval Date	JAN 2 9 1992	Effective	Date 10/1/91
			HCEA ID.	7995F